

EXPRESS MAIL NO.: EV307546068US

PTO/SB/01A (05-03).

Approved for use through 05/31/2003. OMB 0651-0032. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION
USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	METHOD AND APPARATUS FOR INDICATING AN ENCOUNTERED OBSTACLE DURING INSERTION OF A MEDICAL DEVICE
---------------------------	---

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
☐ Application No. _____, filed on _____,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one:	<u>Robert N. Golden</u>	Citizen of:	<u>US</u>
Signature:	<u><i>Robert N. Golden</i></u>	Date:	<u>10/1/03</u>

Inventor two:	_____	Citizen of:	_____
Signature:	_____	Date:	_____

Inventor three:	_____	Citizen of:	_____
Signature:	_____	Date:	_____

Inventor four:	_____	Citizen of:	_____
Signature:	_____	Date:	_____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 118 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Docket No.

1413324_1.DOC

EXPRESS MAIL NO. EV307546068US

PTO/SB/81 (05-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Applicati n Numb r	
	Filing Date	
	First Named Inventor	Robert N. Golden
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	61750-11

I hereby appoint:

☒ Practitioners at Davis Wright Tremaine LLP

OR

☐ Practitioner(s) named below:

Name	Registration Number

22504

PATENT TRADEMARK OFFICE

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert N. Golden, President and CEO
Signature	<i>Robert N. Golden</i>
Date	10/1/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1413330_1.DOC

EXPRESS MAIL NO. EV307546068US

PTO/SB/96 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Robert N. Golden

Application No./Patent No.: _____ Filed/Issue Date: _____

Entitled: METHOD AND APPARATUS FOR INDICATING AN ENCOUNTERED OBSTACLE
DURING INSERTION OF A MEDICAL DEVICELucent Medical Systems, Inc.

(Name of Assignee)

a

corporation(Type of Assignee, e.g., corporation, partnership,
university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above.
The assignment was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the
current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

- ☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☒ Copies of assignments or other documents in the chain of title noted in B above are
attached.

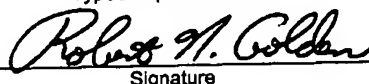
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be
submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records
of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

10/1/03
Date

Robert N. Golden

Typed or printed name



Signature

President and CEO

Title